

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS**

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 257
Registrar's No. 62

1. Place of Death: (a) County Mohave (b) City or Town Kingman (c) Location Home
(If outside city limits write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution _____; In Community 2 yrs. In Arizona 10 yrs.
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Ariz. (b) County Mohave (c) City or Town Kingman
(If outside city limits write RURAL)
(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.
(b) If veteran _____ (c) Social _____
3. (a) FULL NAME Danial Pryor Hill (b) If veteran _____ (c) Social _____
name war. none Security No. none
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Schora Hill 6. (c) Age of husband 68 yrs.
or wife, if alive.

7. Birthdate of deceased Oct. 23 1856
(Month) (Day) (Year)
8. AGE: Years 83 Months 11 Days 10 If less than one day
hrs. _____ min. _____

9. Birthplace Frankfort Kentucky
(City, town or county) (State or Country)

10. Usual Occupation Farmer

11. Industry or Business _____

12. Name Thomas Jefferson Hill
13. Birthplace Ireland
(City, town or county) (State or Country)

14. Maiden Name Martha Adline Pryor
15. Birthplace Unknown
(City, town or county) (State or Country)

16. (a) Informant's own signature J. P. Hill
(b) Address Kingman, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Kingman (c) Date Oct. 5 1940

18. (a) Embalmer's Signature [Signature]
(b) Funeral Director Van Marter Mortuary
(c) Address Kingman Ariz.

19. (a) October 3, 1940
(Date received local Registrar)
(b) Annette H. Russell
(Registrar's Signature)

5M 100% Rag 5-17-40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 3 1940
TIME (Hour and minute) 6:15 P.M.

21. I hereby certify that I attended the deceased from Oct 1 to Oct 3
19 40 to Oct 3 1940
that I last saw him alive on Oct 2 1940

and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure
for past 2 weeks

Due to Essential hypertension
and arteriosclerosis

Due to _____
Other conditions old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

DURATION
2 wks
2
2

PHYSICIAN
Underline the
cause to which
death should
be charged
statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in
public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. L. Sherman M.D.
Address Kingman Date signed 10-3-40